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CONTENTS.

	PAGE.
Catheterization of the Male Ureters. By James Brown, M. D.,	73
Remarks on the Writings of Louyse Bourgeois. By Hunter Robb, M. D.,	75
Heredity in Ménière's Disease. By Charles E. Simon, M. D.,	82
The Medicine of Aristotle. By Frank R. Smith, A. M., M. D.,	85
Jean-Martin Charcot,	87
Notes on New Books,	88

CATHETERIZATION OF THE MALE URETERS.

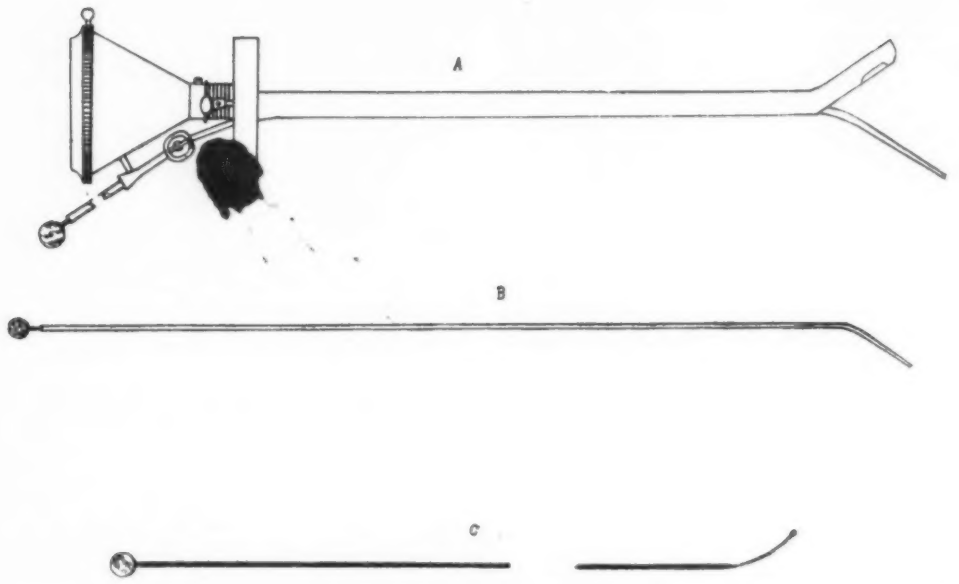
A PRELIMINARY REPORT.

By James Brown, M. D., *Genito-Urinary Surgeon, The Johns Hopkins Hospital and Dispensary.*

Though catheterization of the ureters for the purpose of determining the working capacity, or the existence of the opposite kidney, in cases in which nephrectomy for suppurative disease, or what not, is contemplated, has for some time past been successfully practised in the female, this procedure in the male has, up to the present time, been attended with so much difficulty and uncertainty, not to say danger, that it is scarcely ever resorted to. The importance of ascertaining the functional capacity of the kidney to be left, in cases in which the removal of its fellow is contemplated, is self-evident, and the best means we could possibly possess of so doing would be to procure and submit to chemical and microscopical examination a sample of its secretion, unmixed with that of its fellow, is equally apparent. None of the methods heretofore devised for this purpose have proved satisfactory in the male, so that in reaching a conclusion respecting this important question prior to performing nephrectomy, we have been forced to rely on the characters of the urine as a whole, together with the other symptoms.

Though this is the first time, so far as we know, that the ureters in the male have been catheterized by the method which will be presently described, it is to Dr. Brenner, as will at once appear, the chief credit is due. In December, 1888, Dr. Brenner had Leiter, the well-known instrument-maker of Vienna, to construct for him a modification of the Nitze-Leiter cystoscope, the one that is used for examining the trigone and posterior wall of the bladder, whereby the fluid in the bladder could be changed without removing the cystoscope. It consists, as the accompanying drawing will show, of a small tube incorporated with the shaft of the instrument at its lower part. This tube is 2 mm. in diameter. It terminates just below the window, and towards the eyepiece it is prolonged with a curve downwards separately from the shaft for a distance of about 4 cm. Subsequently, by passing a fine catheter through this canula, Dr. Brenner attempted to catheterize the ureters. He succeeded in one female case, but failed in the male subject.

The instrument I have employed is essentially that of Dr. Brenner, the only modification consisting of a stylet terminating in a slight spring which, being introduced into the catheter, gives it a slight curve for a distance of about 3 cm. at its tip. The method of procedure is as follows: The cystoscope having been passed into the bladder, which had best contain when possible 200 cc. of fluid, the stylet is withdrawn from the canula and replaced by the catheter armed with its stylet. This is passed as far as the inner opening of the canula, but should not at this stage be carried farther. The ureteral orifice of the supposed sound side is now searched for, and when found the catheter is directed into it, the stylet having been withdrawn before it is passed beyond the inner opening of the canula. The curve given by the spring-stylet to the catheter enables the operator, by rotating the part projecting outside between the thumb and index-finger, to direct its point when free in the cavity of the bladder upwards, downwards or to either side. If the stylet is left in the catheter when not in use, it may be removed before passing the catheter into the canula, for the curve thus given its tip will be resumed as soon as it reaches the cavity of the bladder.



A, Brenner's modification of the Nitze-Leiter cystoscope, with catheter and stylet passed through the canula.
B, catheter with stylet introduced; catheter 15½ inches in length.
C, spring-stylet.

The catheter is passed through the canula much more easily without than with the stylet. The point of the catheter soon becomes visible after leaving the canula at its inner orifice. The posture of the patient is important: the pelvis and thighs should be raised on an incline of about 35 degrees, the shoulders and head low. This throws the abdominal viscera towards the thorax and thus prevents the respiratory movements from being communicated to the bladder; the ureteral orifices will also present more favorably in this than in the horizontal position. By this means I have successfully catheterized the ureters of two male subjects, and, it should be added, without the slightest difficulty in either case. Both suffered from double chronic pyelitis without any vesical involvement, as was clearly shown by the cystoscopic appearances of the mucous lining of the bladder. In the first case, which was catheterized on the 9th of June, 1893, no anæsthetic was used, as the man suffered from partial anæsthesia of the bladder and urethra, as well as of the lower extremities, due to the effects of an injury to the spinal cord received six years before; while in the second the only anæsthetic employed was 2 cc. of a 3% solution of cocaine injected into the deep urethra. Both these cases were examined at the Johns Hopkins Hospital, and were witnessed by at least ten medical gentlemen connected with that institution. All of them stated that they could clearly see the catheter entering the ureteral orifice, and the ridge formed by it passing obliquely through the vesical walls was also plainly visible, the catheter being passed from 8 to 9 cm. into the ureter. The manner in which the urine issued from the catheter was interesting to note—five, six or seven drops would come and then there would be a pause of several seconds duration, when several drops would again come in quick succession, to be followed by a pause as before. It seemed as if a certain amount of urine would collect in the ureter above the catheter, when by stimulating the muscular walls of this tube to contraction it would be forced out through the eye of the catheter, which being laterally placed about 1.5 cm. from its tip, would be naturally occluded by the walls of the tube during the intervals of contraction.

How often we will be able to catheterize the ureters in the male subject by this means experience alone will determine. The conditions requisite for a satisfactory cystoscopic examination are of course essential, and any marked intravesical enlargement of the prostate is an insuperable bar. In other words, the conditions most likely to interfere with its accomplishment are those in which it is least required, for, under these circumstances, the disease above, if any exist, is almost invariably bilateral, whereas in the early stage of primary disease of the upper urinary tract, the class of cases in which it will find its chief value, these obstacles are usually absent.

Besides the two cases above mentioned, our experience embraces one other only. In this case we were not successful; no anæsthetic was used, and the mere presence of the cystoscopic tube in the urethra and bladder produced so much pain that we did not persist in the attempt. No attempt was afterwards made under anæthesia, inasmuch as without it the diagnosis was sufficiently clear.

In the female this method promises, for obvious reasons, even better results than in the male. Its advantages over the method of Pawlik are, that it is done with the aid of sight, and by means of a soft pliable catheter instead of a hard metallic one.

REMARKS ON THE WRITINGS OF LOUYSE BOURGEOIS.

BY HUNTER ROBB, M. D., *Associate in Gynæcology.*

[*Read before the Historical Club, May* 8, 1893.]

Shortly after being asked by the President of our Society to read a paper on Louyse Bourgeois I wrote to Prof. Goodell[1] of Philadelphia, who was kind enough to send me a copy of a paper on the same subject which he prepared as the annual address before the Philadelphia County Medical Society in 1876. Some of my hearers have no doubt read this address, and for those who have not done so there is a treat in store whenever they can lay their hands on a copy. They will find here not only an excellent sketch of the life of this celebrated woman and of her career as a midwife, but also a graphic picture of certain phases of court life as it existed at that time.

The first edition of Louyse Bourgeois' works on Obstetrics appeared in 1608. A second edition in 1617 contains an additional book with a long list of clinical cases, and the account of "How she became a Midwife," being followed by "A true Description of the Births and Baptisms of the Children of France," and "Advice to my Daughter." Under the date of 1626 there is another edition augmented by a third book. In 1634 the sixth edition appeared with an appendix, "A Collection of the Secrets of Louyse Bourgeois," of which last we may say, "Good had it been for that book had it never been published." The dates in the edition which I have been studying are 1652 and 1653.

The life of Louyse Bourgeois has been so well put before us by Prof. Goodell, and he has given such an excellent and entertaining account not only of the woman but of the royal midwife, that there seems but little left for me to do. I have therefore refrained from going over the ground which he has covered, and have contented myself with going a little more into detail in the discussion of her first and greatest book. It is only necessary by way of preface to say that Louyse Bourgeois was born in 1563 just outside the walls of Paris. She married Monsieur Boursier, a surgeon who was an assistant of the celebrated Ambrose Paré, many of whose precepts are no doubt embodied in this work. She was midwife to Marie de Medici, wife of Henry IV of France, and she was the first midwife to write a book upon the subject of obstetrics. She lived to a ripe old age, but the date and place of her death are unknown.

[1] I have also to thank Prof. Goodell for the loan of the woodcut which accompanies this article.

The title-page of this work is adorned with an allegorical picture showing the Assumption of the Virgin and Child at the upper portion of the page, with the Pope kneeling on one side and a figure of John the Baptist on the other. Lower down on either side is a figure, one with a child in her arms and bearing a cornucopia with the legend "Timor Dei." The other, bearing the legend "Gratia Dei," has a palm in one hand and a basket in the other. Beneath the right-hand figure there is a child lying on a sheaf. Between these two figures is a scroll on which the name of the book appears; just above the scroll is the lily of France, just below the name of the bookseller. At the bottom of the whole picture is the inscription, "Natura humana fragilitas humana."

The queen to whom she dedicates the book was Marie de Medici, wife of Henry IV of France. The work is divided into several parts. The first book is entitled—"*Divers Observations on Sterility, Loss of the Ovum after Fecundation, Fecundity and Childbirth, Diseases of Women and of Newborn Infants—amply treated of and practised with success by L. Bourgeois, called Boursier, midwife to the Queen. A work useful and necessary for everybody.*" The language throughout is very quaint old French and is at first more or less confusing. One is again and again reminded how closely the French is connected with the Latin; for example, the modern word for bed, *lit*, no doubt is derived from the Latin *lectus*, a couch. In this book it is spelled *lict*, the *c* being retained, and similar instances occur throughout the work. In the edition I show you to-night the Observations are divided into three parts, and although there is no date on the title-page of the first book we have on the first pages of the other two books the date of 1652. To these three books there is added a work entitled "A Collection of the Secrets of Louyse Bourgeois," published in 1653. In the first book of the *Secrets* she gives the treatment for internal diseases—headache, hydrophobia, catarrh, for which she declares that she has a sovereign remedy but says it is very difficult to make, although this probably will not account for the fact that it is not used at the present time. Then comes a long chapter on the treatment of the eyes. For the treatment of deafness and the teeth she has quite a materia medica. She also considers diseases of the chest, coughs, pleurisy, etc. Fevers are then taken up. In speaking of the plague she says a piece of the root of *enula campana*, the size of a pea, held in the mouth is a certain prophylactic, and if one has the

disease already it will cure it. She also considers the diseases of the liver and kidneys, dropsy, gravel and stone in the bladder, and next the diseases of the intestines, such as diarrhœa, or "flux of the belly" as she calls it; for the last she advocates the milk of a cow, goat or sheep, which should be milked on the day of St. John the Baptist, namely, on June 24th; of this cheese is made and it is given to the patient to eat. For hemorrhoids she has a great many prescriptions, mostly salves. She also has remedies for neuralgia. In the next section she speaks of poultices of hot apples for inflammation or for curing tumors. For cancer she recommends egg-shells prepared in a peculiar manner and given to the patient to eat. She also gives an ointment for swellings and old ulcers and "things that have been pronounced incurable by other people." She also gives all sorts of remedies for dog-bites. In the third section she returns to the diseases of women.

In speaking of the remedies for diseases of women before marriage and during pregnancy, during and after labor, she recommends that the breasts should be kept firm so that they never may hang down, by rubbing on them the egg of the partridge. She quotes Pliny in support of this treatment. Then she speaks of what she calls embellishments and gives her prescriptions for taking away smallpox marks and making the face beautiful and white, and for doing away with warts, moles and freckles, and which are also for beautifying the hands. She ends up with a list of remedies which are good for almost anything. She has a very fine pill which she describes as being good for many kinds of pains and poisons, and the frequent use of which preserves from syncope and trembling and renders the chest sound and well.

She also has what she calls an *eau celeste* which has all the virtues and properties which are hereafter noted. The description of its virtues and properties takes up about two pages, the recipe itself about one and a half. But I spare you.

To return to her first book of the "Observations." After the usual references to adverse critics of which the writers of those times were so fond, she writes a preface to the Queen and to the reader, pointing out that her great aim is to enable the reader to regain the precious flower of health. Then there are a few verses to various persons, one to each of the several court physicians.

She starts out by describing sterility and its causes. While recognizing the fact that it is possible that the man is at fault in some cases, she holds that the condition is usually due to some disease of the woman. The most frequent cause is the fact that the female sex is extremely humid but nevertheless choleric. Now the uterus is the receptacle to receive the life of the blood and to expel it from the body. Those women that abound more in choleric than in good blood are likely to produce moles or bad germs, because nature, wise as she is, cannot make a good garment out of bad stuff. Such women ought to be bled and purged, and should not allow themselves to give way to fits of anger. She says that in these cases an external examination will be of no use, for the malady is an internal one, and when recognized by the skilled physician can easily be cured. Now there are others again, she says, who are sterile from too great humidity of the uterus. The humidity coming from the brain and passing down the spine and back, moistens and cools the uterus until there is so little of the maternal heat left that the substance out of which the fœtus is to be nourished cannot be preserved. She recommends medicines which will act by drying these up, and says that the physician should address his efforts to the stomach, as to a bad cook who neglects his duty and will not cook the food which can be made to serve for a nourishment of the whole body. "These remedies will cure the patient to the content of the physician and that of the patient as well."

Then she speaks of *leucorrhœa* and the *retention of the menses*, the latter of which she thinks is likely to lead to cancer, and recommends internal rather than external remedies. She says that there are some women who have a cold humor which blocks up the entrance of the womb and sometimes causes displacements.

Another cause of sterility she holds to be a long and hardened cervix, which instead of presenting the appearance of the mouth of a purse looks like a flageolet, and prevents the menstrual flow from getting out, the retention causing vapors in the brain and "marvelous suffocations of the uterus," in some women causing convulsions, and movements of the uterus as if there was something rolling about inside the body, and the women then think that they are pregnant and avoid anything that will tend to disperse the humor. A skilled midwife recognizing this elongation of the cervix would know that it could not possibly be the cervix of a pregnant uterus, but that the enlargement is due to retention of the menstrual flow. She quotes the case of a woman between forty-eight and fifty years of age who never had any children, but had milk in the breasts, with great enlargement of the uterus, attacks of vomiting, and desire for strange foods, and thought she felt the uterus move. Louyse Bourgeois distinguishes between the movements of the fœtus and these false movements—"A child will make a little movement just like the beating of the wings of a little bird." The movements of the non-pregnant uterus she compares to those of a cat sitting in front of the fire and arching its back. She says that women feel sick at the monthly periods because the vapors of the uterus are sent up to the brain and fall back again on the uterus, just as when a pot is boiling the lid is lifted up and allowed to fall again. The condition is relieved by clysters. She quotes the case of a woman whose abdomen was enlarged as if in the ninth month of pregnancy, who had such suffocations of the uterus that she had a convulsion every hour. She was purged, bathed and bled till at last the doctors gave her up for lost. She remained two days without any medicines at all and the attacks got worse. At this time Louyse Bourgeois was called in and persuaded her to take a fumigation which attracted the uterus downwards. The patient then had labor pains, brought forth a thing which looked like clotted blood, half-decomposed and stinking so that no one could stay in the room, and soon became better. With great modesty Louyse Bourgeois attributed the cure not only to the fumigation but to the treatment received from the doctors beforehand. She then talks about cases of amenorrhœa with vicarious hemorrhage from the nose.

Another cause of sterility she attributes to the habit of drinking too strong wine and eating highly seasoned foods, which act by heating the blood too much and consuming the

fluid. "Such women are subject to ulcers of the veins and uterus." She evidently has seen post-mortem examinations, because she says she has seen opened several bodies of patients who had died from this. She recommends all such women to apply at once to physicians or good midwives. Her account of *chlorosis* is excellent. She says that it was supposed to be very often due to being crossed in love. She cured a young man of chlorosis who was in love with a girl and had one or two relapses until he gave up his hopeless suit. Still in many instances, more especially in girls, she confesses that the patients were too young to know anything about love. She anticipated modern treatment by prescribing iron and purgatives.

Among the causes of abortion she says the principal one is paroxysms of anger, and she warns such women to consider the evil that they bring about, in that they prevent the perfection of the work of God, having received a human soul from God to glorify it eternally which they have not guarded, and thus have done violence to the holy sacrament of baptism. There are some, she regrets to say, who although this catastrophe has been brought about by their own fault, will argue that the child not having lived had no soul. For such sinners she has a fearful denunciation. "Although human laws condemn to death those who destroy the beings, which are not created but for the use of man and have only a vegetative soul, what punishment is meet for her who wilfully prevents the birth of an infant who has a vegetative, sensitive and reasonable soul? Again, what might not the child become in the world?" Evidently the authoress is very much impressed with having assisted at the entrance of royalty into the world, and is deeply imbued with the extreme benefit which such personages confer upon mankind. "What is commonly called willful abortion is punished by the laws of man; and those who cause abortion from want of forethought or carelessness, though they escape punishment in this world, can they hope to avoid the just laws of God?" Nor do those who lend themselves to the production of abortion escape her condemnation.

Pregnancy she points out is generally accompanied by some pathological symptoms, such as debility and perverted appetite. She warns her patients to control themselves lest they should produce abortion, or lest their children should be born with marks upon them. She warns against too great eagerness to know whether pregnancy exists or not. "Miscarriages have been caused by unskillful and over-anxious midwives, who have thrust their finger into the uterus and have caused hemorrhages which resulted fatally to the fœtus." She says that during the first and second months a competent midwife can diagnose pregnancy on finding the os open; after this time a certain diagnosis is impossible, "because the mouth of the uterus being closed, the enlargement she feels may be due to retention of menses, and she must depend on other signs."

"If the mother is full-blooded, and if the infant is not able to use all the menstrual flow for its nutrition, and the remainder is too great to be absorbed by the breasts, it must find some outlet from the body." This she holds to be an explanation of the fact that some women appear to menstruate during pregnancy. In these cases she recommends bleeding at certain intervals. For those who are feeble and emotional she recommends wine and meat, but she begs them to try to control their emotions; for she says such emotions make the woman swell, so that the uterus being pressed upon opens and casts the infant out. She attributes miscarriages from falls, etc., to undue relaxation of ligaments of the uterus. Such a misfortune may also be caused by raising the arms too high up, and she therefore cautions ladies of quality to beware how they exert themselves in doing up their hair, and tells her more humble clients that hanging out linen is very often prejudicial to their condition. She points out the difference in this matter between women bred in the country and those who are town-bred. For pregnant women who have fallen or who have otherwise injured themselves and are threatened with miscarriages she recommends rest in bed and a recipe which she says has been successful in more than two hundred cases of her own.

She then speaks of hydrocephalus, and attributes this to the same cause that brings about premature birth, namely, that the infant has found insufficient nourishment for its proper growth. She compares a premature infant to a good general of a besieged city, who, finding his provisions exhausted, accepts the situation and capitulates. She recognizes in certain cases the necessity of bringing on premature labor. She deplores the fact that certain midwives never call in a physician until the case is practically lost. "Such women are those who prefer filthy lucre to true honor, and keep their establishments full of women who have no husbands." She thinks it only right to say that physicians attending midwifery patients should cease to attend cases of smallpox and other contagious diseases.

In making the diagnosis of pregnancy she recommends the midwife to ascertain the date of the last menstruation, as well as the color and quantity of the flow. "Some women have amenorrhœa from fright and emotion, and we should inform these that there is no sign of pregnancy. Other women we should remember may suffer from amenorrhœa without being pregnant. We should inquire whether their appetites are changed or are capricious, and if they have desires for strange foods, whether, as is the custom in pregnant women in the first two and a half months, their bellies seem very flat so that they think their clothes are going to fall off of them, or whether they suffer from hypersensitiveness of the skin." She adds a list of other symptoms: (1) palpitation of the heart; (2) morning vomiting; (3) general irritability; (4) enlargement and firmness of the breasts; (5) change in the color of the nipple, which becomes red in blondes and darker in color in brunettes; (6) enlargement of one side; (7) a feeling of heaviness after eating. Lastly she recommends a digital examination in order to find out whether the mouth of the womb is shut "like the mouth of a bag through which you cannot push a grain of wheat." "Above all never try to push the finger into the uterus, and be sure that the cervix is not hard, because, as we said in the beginning, this occurs in sterile women."

Talking of moles, she says that they absorb the blood like a sponge. Women in such cases grow large all of a sudden, and are more swollen at the end of a month than a pregnant woman at the end of three months.

In case of an accident to a pregnant woman which would otherwise prove fatal, premature labor should be brought on, no matter at what period, in order to preserve her life.

After speaking of the behavior of the midwife in case of premature labor, in the next chapter she goes on to speak of births at term where the infants do not present well, and of the various presentations, of which she mentions twelve. (1) The worst one of all is the presentation of the navel, when the belly comes first, the legs and arms being behind and the cord prolapsed. She suggests turning if possible, and says that such presentations are generally fatal unless the infant is small and the body, *i. e.* the pelvis, of the woman is large. If possible, the cord should be replaced. The accident is dangerous "because the cord gets cold and the circulation is interfered with and the respiration of the child stops. For while in the body of the woman he breathes through the cord because he is swimming in water, and he cannot like a fish breathe through his nose without getting his mouth full of water." She suggests putting the woman across the bed with the head low and the hips elevated, so as to assist the presenting part to go back, and then having greased the hand with fresh butter, to try and bring the legs down, pulling gently on the child during a pain. (2) For a transverse position, which she considers about as bad, she suggests also bringing down the feet. (3) In a shoulder presentation she recommends turning, and after allowing the patient to rest, that she should be placed in a convenient chair when she has pains, so that the weight of the head may bring it down. (4) When the arm presents she says this must be replaced instantly, the best way being to have a bowl of cold water ready and to allow the infant's hand to rest in it, whereupon it will pull it back very soon. If, however, it is too feeble to do this, grease the arm before it has time to swell, replace it gently, and then turn by the feet. (5) If two hands present she recommends that these should be replaced in the same way, and the midwife must then decide whether it is better to bring down the feet or try to make the head present. (6) If one foot presents, and if the pains are strong, she tells the midwife to bring down the other foot as well. If the pains are feeble the patient should rest and a clyster should be given to produce a stool and at the same time to bring on the pains. (7) If the breech presents she says that it is very dangerous to allow an infant to come out doubled up, and recommends the midwife to bring down the feet. (8) The prolapse of the cord in front of the head she holds to be due to too much amniotic fluid. "On no account should the woman be allowed to stand up or sit in a chair. She should lie down with her head low, the cord should be replaced, and a pad of cotton should be thrust in where the cord is trying to come out, just like a cork into a cask." (9) The presentation of the hand before the head. (10) A face presentation, she says, can be mistaken for a breech presentation, and she recommends the hastening of labor by stimulants or, if necessary, by an injection. (11) When the head presents more on one side than on the other she says the condition is very annoying, because it may be mistaken for a normal presentation. The patient should be put on her side so that the weight of the head will bring it into the middle. If this is not successful some manipulation will be necessary. (12) Even in the real normal presentation, when the head comes down in the middle line, she holds that the aid of the midwife is necessary. Sometimes the cord is entangled about the neck and must be disengaged. If this cannot be done, the cord must be cut and disentangled and both ends ligated. The ligation of one end is necessary in order to prevent the infant from losing blood; to the other end a string must be tied, which is fastened to the thigh of the woman for fear of losing it. The midwife must be prepared for another accident, as sometimes after the head is born the shoulders are large, and it may become necessary to pass the finger under the armpit and make traction.

In Chapter VIII, premature rupture of the membranes is described. She says: "I have seen cases in which the membranes ruptured twelve, eight, six or four days before labor. If labor does not come on two or three hours after rupture then it will not come on for at least twenty-four hours. The rupture is due to weakness of the membranes rather than to an excess of the waters." She deprecates the rupture of the bag of waters purposely, for several reasons—(1) Because it may produce prolapse of the cord, or (2) prolapse of the hand or foot. She prefers to try to give strength to the mother that she may rupture them by her own efforts. "This premature rupture is considered very dangerous to the child, but in cases where the rupture has taken place twelve hours before labor there remains sufficient amniotic fluid to moisten the natural passages. These can also be lubricated by means of fresh butter." She warns women, however, in whom rupture of the membranes has taken place, not to go out of doors for fear the air may enter the womb. She says that she has seen cases in which the air did enter the womb and compressed the vessels, and the woman had convulsions. She begs them "to remain in bed and await the hour of God."

In speaking of false labor pains she says they are due sometimes to colic, sometimes to other intestinal disorders. "Colicky pains, if they begin above, never pass below the navel, and if they begin below, never pass above it. For these pains try hot linen, and if they are colicky pains they will pass off; if a real labor pain, this treatment will increase it." She also advises a vaginal examination.

As to the position of the woman during labor. "A woman who wishes to keep about and can do so until she is just ready to give birth to the child, may be allowed to stand with her legs apart, supported during the pains by two strong people, or she can have a low stool with a pillow on it, in front of a table, and can kneel on the pillow and put her arms on the table." Our author, however, prefers to keep the patient in bed unless the labor is too long, and does not think it advisable to let the woman leave her bed at any rate after the head has engaged in the os. With this limitation, if it comforts the woman (and she thinks the woman needs comfort at this time), she allows her to do as she pleases, especially as she says that she has often seen patients made worse by being forced by too solicitous mothers to keep in bed.

The bed itself ought to be high at the head and coming to a point at the foot. A large faggot placed in such a way that it will touch the feet when the legs are not fully extended should be used to hold the feet. There are some women who,

on the best of beds, think they are going to be suffocated. These women she says she has delivered sitting or standing up. She has known cases where the child was delivered with the mother in this position in the absence of the midwife, when the woman was not expecting it, and falling on the floor, has been killed.

She says although it has been denied by some that twins are ever of the same sex, this idea is contrary to her experience. "In the case of twins the labor is longer. Sometimes the first child comes well and the other badly. It is certain that the first born is the stronger because it has broken through the membranes first. In one case a second child was left to nature and was born twelve hours afterwards, and though it lived, it was at first very weak." In such a case she thinks that nature ought to be aided, the labor pains excited and the bag of waters ruptured. If the second child presents badly the membranes should be ruptured, and turning by the feet performed. The cord of the first child should be cut and ligated before the second one is born.

With reference to medicines which are to be given to a woman in labor, she is not in favor of employing violent remedies unless in cases of extreme necessity, "as this procedure is apt to cause marvelous fevers after child-birth." The two extremes must be avoided, "repletion and inanition." Nourishing broths, the yolk of an egg, and ammonia water to fortify the heart are recommended. "Not too much, however, for fear of causing fever." She mentions other recipes, but prefers that the doctor should decide what the patient should or should not take. She gives recipes which are recommended by learned physicians, as in some cases the idea of sending for a physician frightens the patient unnecessarily or makes her believe that the midwife is incompetent.

The Delivery of the Afterbirth.—To make the diagnosis she places the infant on the edge of the bed with the head and abdomen covered, taking care that nothing touches the face; then with the hand on the abdomen of the woman she finds out on which side the placenta is situated. Friction being made on the side where the placenta is found, the woman is ordered to close her fist and blow into it, or put her finger into her mouth to produce nausea, or to strain as if she was going to stool. If this does not succeed, she is made to take the raw yolk of an egg. "The knowledge that the egg is raw produces nausea and excites the stomach, and often even the thought of it will have the same effect. Asafœtida and such like remedies may be useful." In two thousand labors she says that she has never had occasion to put her hand into the uterus to get the placenta except in two cases. The one case had been mismanaged by another midwife; the other one was of fever, where the uterus was so dry that the placenta could not be expelled. She gives three rules in which this procedure is justifiable—(1) If the woman is bleeding, (2) where there are convulsions, (3) when the woman has fever and the womb has become too dry. She has seen bad results in cases where doctors and midwives have been too hasty in this matter.

Chapter XVI deals with the after-pains, which are said to be often due to rolling of the uterus in the belly and to displacements.

Post-partum hemorrhages (she holds) occur in some women because they have too much blood, and in others because they have taken too many heating remedies during their labor, so that the blood is heated and hemorrhage occurs. This is followed by great weakness, which must be met by wine in small doses, and by a moderately tight bandage, which she thinks compresses the vessels. The white of an egg is recommended to restore the natural heat of the stomach, which is diffused all over the body, and at the same time along the spine, over the course of the vena cava, a napkin which has been wetted with a mixture of vinegar and water should be placed. She does not allow the woman to go to sleep while the bleeding is going on, because she thinks that she is more likely to die under these circumstances. When the hemorrhage is partially controlled she orders that the astringent be taken off and a little of the blood allowed to come away slowly, so that it will not do harm by remaining in the womb.

Chapter XVIII treats of the puerperal state. "As soon as the woman is delivered, after a hard labor she must be put in the skin of a black sheep which has been flayed alive. This is applied to the back. To the belly is applied the skin of a hare which has also been flayed alive. The animal having been flayed, its throat should be cut and the warm blood should be rubbed on the inside of the skin and applied to the body of the woman. This blood chases away the melancholic blood. In winter these remedies must be kept on two hours and in summer one hour." She then describes rather a complicated abdominal bandage which she was in the habit of using. "After this is taken off, hot linen should be applied to the breasts for about twelve hours before giving proper remedies for producing milk." "These galactogogues should not be put on till later, because the blood is still too excited."

For women who have little blood she orders nourishment. She has found that those who lose but little blood are apt to persuade themselves that they would be better if they lost more, so that they want to be bled. She warns the doctor not to listen to the entreaties of such patients. "Some women whose discharges are white think there ought to be blood in them, whereas these white discharges are in reality blood which has gone to the breasts to be made into milk, and not having been utilized is returned to the uterus, whence it is discharged."

She expressly states that the rules of life are not the same for every woman in the puerperal state, and that one cannot give the same diet to a society lady in town and the peasant woman in the country. "The stomach of the one is stronger; if you offer it soup it acts like a mill that is grinding without anything in it. To delicately nurtured women give very light diet, soups, jellies of veal and chicken, but not of mutton, for fear of fever, and the wine should be diluted. Combat insomnia by barley water. After eight days the nourishment can be increased."

For eight days after labor she recommends a daily injection of honey water with extract of roses, holding that milk is dangerous and is not so cleansing.

Chapter XXIII treats of antigalactogogues. "There are many such remedies. Some nurses use their favorite remedy on all their patients. This is just like applying the same saddle to many horses." "These," she adds with scorn, "are

often secret remedies." She expresses the opinion that although some people say that a midwife need not be a nurse, no woman unless she is a good nurse can be a good midwife. Then she speaks of inflamed breasts and suppuration. She says that she has known cancer to come from unwise applications to the breasts. She mentions an autopsy in a case of cancer in which in the uterus were found great red tumors, which were caused by the milk which had been present since the birth of the last child, and having returned from the diseased breast to the uterus had brought with it some of the cancerous growth. She holds that this could have been avoided by proper applications to the breasts. She recommends great care where the breasts have been fissured by the infant. She warns against the danger of catching cold in the breasts.

The taking of drugs by the mouth in the first days of the puerperal state she thinks dangerous.

The care of the newborn child. "It is the custom of learned doctors to give to the child as soon as it is born a teaspoonful of pure wine to revive it after the agitation it has gone through in being born. Others believe that wine cuts the phlegm which is ordinarily found in the throat. Others again believe that the vapor of the wine mounts to the head and makes the brain firm. Such children are thus protected from epilepsy in after life, since epilepsy comes from debility of the brain. The umbilical vein should be ligated firmly, and if it be full of blood it ought to be emptied, for fear that this should turn into pus. It should be ligated two finger-breadths away from the belly, and cut three finger-breadths below the ligature. If the cord is large and full of water and of winds, after the end has been wrapped in linen for half an hour it should be unwrapped and ligated afresh. It should be placed with the end upward, as there is thus less danger of bleeding. The infant should be washed in warm wine and water, walnut oil being employed for the face, throat, arms and hands. Bandaging the head is a very bad practice common in Paris and ought not to be employed. The tongue should be examined to see if the child is tongue-tied, but the frenum should not be ruptured with the finger, because the nail is poisonous and may produce a canker or an ulcer." She begs the lady friends of the family not to interfere too much, but to leave the care of the child to the midwife. She deprecates the practice of trying to form the face or head by pressure, "as if the child were made of wax or putty."

Chapter XXVII refers to the choice of a nurse. The following are her rules. (1) See that the woman does not squint, as the infant may catch it; (2) she must not have red hair, because the milk of such a woman is exceedingly hot; (3) let her have good white teeth; (4) let her not have a family history of phthisis; (5) she must have a pure breath, otherwise the lungs of the infant will be irritated; (6) she must have a good digestion; (7) there must be no family history of leprosy, epilepsy, or any other disease. She quotes the case of a child who caught epilepsy from a nurse, a child of very good family. She holds that the moral character and disposition of the infant depend on that of the nurse, and that therefore the disposition of the nurse must be good. "She must not be irritable, and she must have milk in abundance, but not too large mammary glands." She thinks that the nurse will not be so good if she has her menstrual flow or if she has connection with her husband.

After treating of colic and the minor ills of children she comes to *cancrum oris* and cases of prolapse of the rectum. To remedy the last the child must be put with its head low and the bowel reduced, and she tells us that as the infant grows older the anus becomes smaller and the intestine bigger, so that the condition is finally cured. She orders the application of a bandage to be kept on all the time except at night.

After giving recipes for ointments for making the limbs strong she speaks of falling of the womb, a condition which she attributes to accidents, carrying heavy burdens, working too hard, and bearing large infants. "Sometimes part of it is pulled out by unskilled midwives in their attempts to deliver the placenta." She prescribes rest in bed, but says that it is no use to treat the symptoms without finding out and removing the cause. She recommends astringents with suppositories (or pessaries). "The pessary should have a hole so that the vapors of the womb can come out. It should be taken out occasionally to be cleaned. Such women should not lace themselves tight, for after labor they will have a proportionately bad figure."

She insists that a midwife should be acquainted with the anatomy of the uterus. "If she does not know this she may try to expel the uterus instead of the placenta, as has been done in this city." Therefore she begs of the doctors to allow the midwives to attend their lectures on the subject, the midwives paying for the same.

In speaking of a case of hydrometra she tells of a woman from whom there came half a bucket of water three months before labor. At the end of six months of pregnancy she experienced great pain, extreme tension and hardness of the belly, which seemed as if it were going to burst. The author gave her a carminative enema with some relief, but a month later, having the same pains and while pacing the room, the woman felt a great flow of water come from her, as if she had opened a water-tap. Louyse Bourgeois happened to be in childbed at that time herself and could not go. Two months afterwards the patient was delivered. The bag of waters was intact, "which shows that the water that came from her was not from the bag of membranes, but rather from dropsy of the womb."

Chapter XXXIX is interesting as it gives us the signs by which the death of the fœtus was diagnosed. It treats of a woman who was supposed to have labor pains at seven months, but Louyse Bourgeois diagnosticated a colic. After this there were no movements of the child. On examination the cervix was found to be slightly opened. She concluded on account of the colic that the infant had attempted to come from the womb and had died in the attempt. Two physicians and Madame Françoise, who was a midwife, were called in consultation. It was concluded that the infant was dead from the following signs:—(1) the woman's breath was bad; (2) her excrement was very strong-smelling; (3) her eyes were dim; (4) her belly was cold; (5) when she turned on her side the belly all went to that side in one mass. Cæsarian section was suggested, but the physicians decided "to leave the affair to God and to nature." The patient was in bed six weeks. "Two

months afterwards she came to me saying that a large quantity of water as cold as ice had come away from her. I found the cervix dilated and she gave birth the same day to a fine female child. Her trouble was caused by drinking cold water, which gave her the colic and chilled the child."

Our author sometimes performed surgical operations herself, for she states that once she extracted a stone as long as a man's finger from the neck of the bladder.

She then narrates several cases. "A lady was delivered of two children, one dead and half rotten, and the other alive and well. The waters of one infant were all black, and the infant was dead and much disfigured and a horrible sight, and had no epidermis. She then bore a live child immediately afterwards."

The second is a case of lithopædion. "A lady was delivered of a dead child from whom she had felt no movements for several months and which was born dead. The woman had felt no movement for a month. Heat was applied to the abdomen and something was felt to move up inside. This was undoubtedly the uterus, which being chilled by the dead child moved towards the heat. The woman had none of the ordinary signs of the death of the child, which is explained by the fact that the waters being cold they hardened the child and there was no putrefactive process."

Third case. "A lady in her first labor bore a dead child and was badly nursed. Five or six days afterwards she became insane, and in spite of her husband, ran about the streets naked. Four years afterwards she recovered a little and bore a child without any accident. Ten years later she bore two children, one dead and one alive. On the fifth day she became insane. On the fifteenth day, as she seemed somewhat better, her guardians relaxed their watchfulness. She escaped and flung herself down a privy, a thing which in her previous attacks she had tried to do. She was caught by the scaffolding and saved. After ten months she got better and again became pregnant. I had her milk drawn, as she had never nursed her children. On the fifth day she showed signs of insanity. I attended her breasts, gave her an enema, and the next day she was better. I have no doubt that the insanity was caused by the abundance of milk. In these cases there is acute fever. The heat goes to the head, the body gets cold, and the patient has chills. The lady became again pregnant, and following my advice (that is to say, by the use of enemata) she avoided all evil results."

The next case is that of a woman who died from eating ice. "Attempts were made to bleed her, but no blood was obtained. She died within twenty-four hours. At the autopsy all her blood was found to have gone between the epiploon and the intestines, a vein having ruptured. This was brought about by over-distension caused by the ice. Except in the abdomen, not a drop of blood was found in the body."

With respect to premature births at the seventh and eighth month, she thinks that some infants are born too soon from healthy women simply because the uterus is small, and that in other cases the accident is brought about by falls. If the placenta is broken off so that the child cannot breathe, he is drowned in the waters or is suffocated for want of air.

The story of the woman who bore on her nipple a serpent for ten months, as well as the long list of infallible remedies which are scattered all through the work, proves that Louyse Bourgeois, with all her good sense, was not entirely free from credulity. But it is not only in the works of our author, or indeed those of others of the older writers, that chaff is to be found mingled with the wheat. To those who are inclined to criticize too severely, and who would dwell upon the credulity of the woman (a thing by the way which exists even in our times), and on her too ready belief in the infallibility of her own remedies, we would say, "Let him who is without sin cast the first stone."

Throughout we can see the sound common sense, the patience and, what is quite as important, the earnest desire to deal with cases not in any routine way, but to look at each by itself and seek to remove the cause rather than attend only to individual symptoms, which gave to Louyse Bourgeois her well deserved pre-eminence in her profession, and make her work not only interesting, but of much practical use to us of the present day; for without these qualities, in spite of our better opportunities, we cannot expect to obtain good results.

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HEREDITY IN MÉNIÈRE'S DISEASE.

By Charles E. Simon, M. D., *Baltimore.*

[*Read before the Johns Hopkins Hospital Medical Society.*]

I have recently had under my care two patients who presented in the most pronounced manner the complex of symptoms described for the first time in 1861 before the French Academy by P. Ménière.

What interested me especially in the cases was the apparent hereditary element in the disease, which I have been unable to find referred to in the literature that has been accessible to me.

The patients' histories are the following:

Miss A. M. B., single, æt. 64. As a child, patient was never ill, and did not pass through the usual diseases of childhood, but still was always regarded as delicate. During her fourteenth, fifteenth and sixteenth years she was subject to fainting spells whenever exposed to a close or warm atmosphere, or whenever she would not take a sufficient amount of food. At that time she was always troubled a great deal with nose-bleeding, which would come on when she remained in a warm room for any length of time. As she grew up she became subject to sore throats, and claims to have gone through an attack of diphtheria. From the age of 34 on these symptoms all disappeared. Convulsions she has never had.

At the age of 49 she went through an attack of what her physician in the country called typhoid malaria, which confined her to the bed for six weeks. Since that time she feels unwell every fall, has chilly feelings and becomes, as she says, of almost a mahogany color, being also troubled greatly with dyspeptic symptoms. Under such circumstances she finds it necessary to resort to the country, where she soon improves, but invariably becomes worse again on returning to the city.

In 1876, at the age of 47, while visiting the Centennial Exhibition, she was suddenly seized with roaring in the ears, severe vertigo, associated with a considerable degree of nausea and vomiting, lasting almost through the entire day. She was confined to her bed during this time, not being able to raise her head from the pillows on account of the severity of the vertigo; any attempted movement, of the head especially, being followed by an increase in the vertigo and nausea.

The attack passed off, leaving a certain unsteadiness, and staggering when she attempted to walk. After three days she had recovered completely.

Similar attacks then occurred about six months apart, the interval gradually becoming lengthened to a year and more. For several years she was entirely free.

During the summer of 1892 she suffered a great deal with her stomach, which improved immediately on going to the country. In the fall she returned to Baltimore, and since the beginning of November, 1892, has had a recurrence of her vertigo, the longest interval between two consecutive attacks being only 3 to 4 days. This condition continued until shortly after New-Year.

Her attacks may be divided into two classes, viz. those in which she would tend to fall, if not supported, and lighter attacks in which the intensity of the vertigo was merely such that she would stagger, but could still stand and walk unassisted.

She can foretell a severe attack for a few moments, by a sensation of creeping in the back of her head, at times associated with some headache and nausea; then everything begins to whirl around a slightly inclined vertical axis. As she can foretell such an attack, she has never fallen, but feels confident that in the absence of some support she would undoubtedly fall.

The roaring in her right ear, which has been continuous for the last 15 to 17 years and has gradually become worse, increases at the onset of such an attack, while during the same her mind is so much occupied with her vertigo that the lesser evil is obscured by the greater.

During or after the attack she vomits severely, the ejecta being finally bile-colored, the vomiting being preceded by much nausea.

While she is lying down, she cannot lift her head from the pillows, or turn, for fear of increasing the trouble; at the same time she firmly grasps the sides of the bed, for fear of being hurled to the ground.

After a duration of two hours and sometimes of an entire day, the attack passes off, leaving a certain degree of unsteadiness in walking, often amounting to actual staggering, and, as she seems to think, principally to the right side.

On careful questioning, she is confident of never having lost consciousness during such an attack, or at any other time, being able to speak, to see and to hear the people about her After the attack she seems quite prostrated and weak.

During the last 12 to 15 years a gradual loss of hearing has occurred, affecting the right ear. Pains in this ear, or any discharge have never been noted.

Sudden movements of the head, as in stooping forward, at times, though unfrequently, will call forth an attack, but this is more especially the case after the ingestion of certain articles of food, notably fresh bread, fats, beans, and even milk, it is stated.

I saw the patient for the first time, early in January, at the end of an attack of great severity, which had lasted throughout the entire day, and which was accompanied by severe nausea and vomiting.

The patient was in bed presenting a most anxious countenance, a high degree of prostration, with cold hands and feet, and beads of perspiration on the forehead, a very weak but not accelerated pulse; she looked very pale, and her friends, during the attack, had feared a possibly fatal result. The respiration and heart sounds were clear, the first sound at the base feeble. An examination of the abdomen proved negative. She was perfectly conscious, and answered questions directed to her with precision. The next day she was sitting up, but still very feeble. An examination made at that time revealed

the following: No abnormalities were noted about the muscles of the face, arms and legs, although the muscular strength of arms and legs was slightly subnormal.

Her eyesight was good, the pupils reacted both to light and on accommodation.

Hearing on the left side was normal, on the right apparently extinct; a loudly-ticking watch was well heard when applied to the skull on the left side, not at all on the right.

Percussion of the cranium revealed no tender points; sensation, roughly tested to touch, pain and temperature, was normal.

There was no inco-ordination, except a slightly staggering gait, which disappeared, however, after 7 to 10 days. She stood well with her eyes closed and heels and toes together; so also on one leg.

The patellar reflex was preserved on both sides and not increased; there was no ankle or patellar clonus. Under moderate doses of ammonium bromide and nux vomica and a purely meat diet she seemed to do very well; after two weeks this was made a little more liberal, kefir, zwieback, old bread, a few potatoes, wine jelly, baked apples, prunes and a moderate amount of good fresh butter being added. For 6 months she has now been free from attacks.

Insanity and epilepsy have not occurred in her family. Her grandparents and mother have not been afflicted in the same manner, while father, brother and sister presented the same symptoms in a very pronounced manner.

This is especially marked in the father, Mr. S. M. B., who died at the age of 77, from gangrene of the rectum, having suffered a great deal with hemorrhoids and prolapse of the anus. In his case attacks of vertigo commenced at the age of 30; the attacks were frequent, their onset sudden, so that he would frequently fall, and attended and followed by much nausea and vomiting.

While as a rule he was perfectly conscious during these attacks, which at times lasted for 2 to 3 days, he was unconscious 4 to 5 times, but never convulsed, and never bit his tongue. Symptoms of *petit mal* did not exist, special inquiries having been made in this direction at the time by his physicians.

The eating of meat in his case always brought on an attack. On removing to the country they ceased entirely, but reappeared on his return to the city after 8 years; however, with diminished intensity.

At the age of 62 they stopped entirely, but at that time he had lost his hearing almost completely, a difficulty in hearing having gradually appeared and increased in the course of his disease. For many years he had also complained of roaring noises, which gradually increased in intensity.

A sister, Mrs. S., also suffered from similar attacks which came on about her 35th–40th year; there has been a gradually increasing deafness affecting the left ear, worse at some times than at others, together with a constant buzzing and roaring in the affected ear. Once or twice she has been unconscious in these attacks, which are likewise frequently accompanied by nausea and vomiting. In her case there is great impairment of hearing and diminished conductivity on the left side.

A brother, Mr. B., has been suffering with vertigo, due to what he calls "biliousness," for 20 to 25 years, being now about 65 years of age, accompanied by nausea, vomiting, difficulty in hearing, and roaring sounds in one ear. Under a meat diet he feels very much improved and is in fact free from attacks. He has never lost consciousness.

CASE II.—Mr. A. V. A., engineer, aged 37. This patient was also rather delicate as a child; at the age of 4 he passed through an attack of scarlatina, and at 15 through measles. Since that time, though very nervous, he has enjoyed comparatively good health, and has been able to follow his occupation as electrical engineer with only one interruption, 8 to 10 years ago, when he was sent abroad by his physician on account of the attacks presently to be described.

This present illness came on at the age of 15 or 16, when, feeling perfectly well, he was suddenly seized with ringing in the ears and severe vertigo, followed by nausea. Ever since he has been subject to such attacks, in which he suddenly becomes intensely dizzy, usually preceded by tinnitus, lasting at times only a few seconds, at others several minutes, and on several occasions as long as 3 to 4 hours. As the attack wears off he feels more or less nauseated and has vomited repeatedly, the ejecta being usually watery, bile-stained, and amounting to about half a cupful at a time. Consciousness, he affirms, is never lost, and attacks of *petit mal* are denied. As mentioned above he was sent to Europe 8 to 10 years ago, after having passed through a very severe attack. He returned very much improved and has been practically free from attacks up to 6 months ago, when they returned and rapidly increased in frequency. The patient also complains of continuous buzzing noises in the left ear, the hearing in which has gradually diminished since his 15th year; 3 years ago a slight degree of deafness was noticed in the right ear, which, however, has not materially increased since.

Any discharge from either ear has never been observed, but attacks of earache have been frequent. In cold weather his auditory symptoms are more intense. In New York he has been treated with eustachian catheterization, etc., without avail.

An attack is frequently ushered in by a sensation of a blow struck upon the ear, and ringing; surrounding objects then commence to rotate about a somewhat inclined vertical axis, the patient as an engineer describing the degree of inclination with great accuracy and constancy.

As causes of the attacks may be mentioned overwork, worry, dietetic errors, atmospheric influences, and sudden movements of the head. Amongst these, the dietetic appear to be the most important. His appetite is fair, but he does not dare to eat as much as he craves, for fear of causing an attack; at the same time it must be said that the taking of food will frequently cut short an attack. For 1 to 2 hours before meals he complains of a feeling of faintness, lasting about 20 minutes; this then wears off and he feels quite normal again until eating. After eating he at times feels oppressed, but not usually so. His bowels are regular, moving once a day, in the morning. He sleeps well, as a rule, but states that an attack is usually heralded by a bad night, when he feels nervous, and a severe attack then occurs before breakfast.

Status praesens. Patient gives the impression of a very nerv-

ous individual, his susceptibility to subjective impressions being most pronounced. His habitus is slight; weight about 125 pounds. No special abnormalities are noticeable on inspection. His knee-jerks are very active. Heart and lungs are normal; no sensitiveness to abdominal pressure; moderate degree of dilatation of the stomach. Examination of the ears: patient hears the tick of a watch on contact only with both ears; conductivity through the bone about the same on both sides. No special abnormalities on otoscopic examination.

As regards his family history, the patient states that he is the only child, and that father and mother both were very nervous people, and that they both suffered with ringing in the ears and deafness, which came on in their cases about the 30th year; his father furthermore suffered from similar attacks of vertigo, which at times were very severe, and were followed by nausea and vomiting. Treatment directed to the ears in his father's case, as in his own, proved of no avail.

Under the administration of tincture of nux vomica, starting with 10 drops and gradually increasing this dose to 25 drops 3 times a day, a marked improvement seemed to result, which unfortunately proved of short duration. Charcot's treatment with quinine was then instituted, but aggravated the trouble to such an extent that it became necessary to abandon the same. The nux vomica was now taken up again with the addition of ammonium bromide, with fair results, but nevertheless attacks occurred. The patient was then placed upon a diet similar to Case I, and the galvanic current to the head, commencing with 5 milliampères, gradually increasing to 15, was employed daily.

Under this treatment he progressively improved, and at the time of writing has not been troubled with a recurrence of the old trouble.

The question naturally suggests itself whether the cases described can be truly regarded as subjects of Ménière's disease.

In order to arrive at a definite conclusion it will be well to shortly discuss the various forms of giddiness which may enter into a differential diagnosis.

From the histories given, intracranial causes, such as cerebellar disease, lesions of the pons, of the cerebral peduncles, of the corpora quadrigemina, cerebral tumors, etc., I think can be definitely excluded. Alcohol and tobacco, furthermore, have never been used. Giddiness attending upon degenerative changes in the arteries can also be excluded in both cases. Trousseau's *vertigo a stomacho laeso* is not associated with auditory symptoms, and is usually referable to food taken a short time before. Simple neurasthenic vertigo, finally, in the absence of distinct digestive disturbances, probably never acquires that degree of severity seen in the two cases described.

The presence of distinct and well-pronounced auditory symptoms, consisting in gradually increasing deafness, affecting one ear especially, the constant tinnitus, the absence of bone-conduction in the one case, the mode of onset, the apoplectic form of the attack, the degree of prostration, finally appear sufficient to differentiate these attacks from any others, conforming in every respect to the complex of symptoms described by Ménière. The hereditary tendency in the two cases is certainly pronounced, and especially so in the first case, where in a family of five, four have been subjects to the disease, and in the second case, two out of three. In surveying the literature on the subject of Ménière's disease I have been struck by the fact that the family history of the patients has not even been mentioned, excepting one incidental remark in one of Ménière's original articles (Gaz. méd. de Paris, 1861), in which he states that the sister of a patient afflicted with typical Ménière's disease was gradually becoming deaf without any demonstrable cause.

In conclusion I wish to insist upon the importance of a properly regulated diet, the great value of which has been sufficiently demonstrated in the cases described. The particular form, of course, will largely depend upon the general condition of the patient; and in both of my cases, for example, where a marked degree of anæmia existed, an almost exclusive meat diet, in which, to judge from the condition of the urine, the dark meat of beef seemed more especially indicated, was selected and led to the most favorable results. The diet was then gradually rendered more liberal, and at the present time both patients are enjoying good health.

Literature.

Ménière: Gaz. méd. de Paris, 1861, pp. 29, 55, 88, 239, 379, 597.
Brenner: Zeitschr. für Ohrenheilkunde, 1887.
Knapp: Arch. für Ophth. u. Otol., 1871.
Troeltsch: Treatise, lecture 28th.
Politzer: Lesions of Lab. Arch. f. Ohrenheil., II, pp. 3–289.
Greene: Boston Med. and Surg. Journ., Vol. 79, p. 388.
Trousseau: Lect. on Clin. Med. (vertigo ab aure laesa).
Voltolini: Monatschr. f. Ohrenheil., 1867, pp. 9–14.
Moos: Klinik der Ohrenkrankheiten, 1866, pp. 322-327.
Stewart: On Giddiness, 1884.
Lucae: Ménière's Disease, in Eulenberg's Encyclop., Vol. 13.
Lucae: Arch. f. Phys. v. du Bois-Reymond, 1881.
Lucae: Arch. f. Ohrenheil., Vol. 17, p. 237.
Baginsky: Ueber Schwindelersch. nach Ohrenverletz. Monatschr. der Berl. Akad. d. Wissensch., 1881.
Schwartze: Arch. f. Ohrenheil., Vol. XII, p. 125.
Wolf: Zeitschr. f. Ohrenheil., Vol. VIII, p. 380.
Jacobson: Arch. f. Ohrenheil., Vol. XXI, p. 287.
Charcot: Gaz. des hop., 1885, and Progrès med., 1879.
Roosa: Med. Record, Vol. II, 1868.

The Graduating Exercises of the Training School for Nurses of the Johns Hopkins Hospital were held at the Hospital upon Friday afternoon, June 2, 1893. The address to the Nurses was given by Dr. John S. Billings, U. S. A., Washington, D. C. The following named persons received certificates of graduation:

Miss Hannah M. Neill,	Miss Sarah Heath Cabaniss,	Miss Ethel L. A. Barwick,	Mrs. Johnetta B. Sanger.
" Dora Hamilton,	" Mary A. Murray,	" Sarah Gordon McDonald,	Miss Ruth E. Maynard,
" Ada M. Carr,	" Susan Carroll,	" Ida McArthur,	" Mary A. Collins,
" Julia King,	" Alice McDonald,	" Wilhelmina A. Wade,	" M. Agnes Lease.
" Charlotte Ewell,	" Harriet Forman,	" Henrietta G. Richardson,	

THE MEDICINE OF ARISTOTLE.

BY FRANK R. SMITH, A. M., M. D., *Assistant Resident Physician.*

[*Read before the Historical Society of the Johns Hopkins Hospital.*]

It is a lamentable fact, but a true one nevertheless, that students of the "exact" sciences have always been unwilling to concede to us (perhaps their more unfortunate brethren) the right to term medicine a "science," but until they provide us with a substitute which, like a mathematical definition, expresses all that is necessary and no more, we being unable to supply it ourselves, must needs be content with the customary terminology.

The history, then, of science in general, and of medicine in particular, is the history of battles; and not to mention the internecine struggles which have occurred among members of the same brotherhood, every science has had to free itself from two foes, (1) superstition and (2) the unreality which so frequently accompanies philosophy. For we cannot shut our eyes to the fact that theories founded upon mere speculations have often been promulgated and accepted as facts, and thus truths which were only waiting to be discovered were obscured, and the enquirers were led far away from the object of their search through paths which could only be retraced with much toil and weariness and with the loss of many valuable lives.

Hippocrates had separated medicine from the religion of his day, and if his meaning had been fully appreciated our art would have been at the same time released from the trammels of philosophy.

Plato was a philosopher and no physician; Aristotle had had, to be sure, a medical training, but he remained rather a philosopher than a physician. As Aristotle differed from Plato in his philosophy, so also he differed from him in his medicine. Plato was an *idealist*, Aristotle was a *realist*. In Plato we find dogmatism, in Aristotle we find empiricism.

It does not require a great stretch of imagination to picture ourselves coming from a didactic lecture, and after listening to Plato telling us of the ideal typhoid fever in which the temperature chart never fails, in which the spots and other symptoms appear and disappear exactly at the right moment, to see at the bedside with Aristotle the cases we have so often puzzled over, where the patient indeed was duly sick, but the signs and symptoms differed so far from those of the text-book that we have found it hard to classify them. Both experiences are necessary, however, and both are instructive. Plato saw "ideas" somewhere in the seventh heaven or thereabouts, and as these were real for him, his teaching was dogmatic. Aristotle saw real existing things, and from his experience he made deductions.

The son of Nicomachus, court physician to the king of Macedon, and a descendant of the Asclepiads, Aristotle was born at Stagira in (B. C.) 384. He was taught medicine by his father, was for twenty years the disciple of Plato, and in 343 was appointed tutor to Alexander, a position which he held for four years. We may assume that he instructed the young prince at least in the rudiments of medicine, for we are told that the great conqueror was very fond of prescribing for the various ailments of his friends. We can hardly, however, attribute to this love of medicine the zeal which he showed in providing for the world so much anatomical material which could not be utilized. After his return to Athens, probably on account of his sympathy with the Macedonian party, Aristotle was accused of impiety and was obliged to flee to Chalcis in Eubœa, where he died of some disease of the stomach in (B. C.) 322. His writings were buried in a cellar, and some, among them his work on medicine, were lost.

"Aristotle is one of the grandest and most versatile intellects that has ever existed." "In Aristotle everything is amazing, everything is prodigious, everything is colossal." "Aristotle made thousands of observations of the most extreme delicacy." These are three laudatory criticisms of Aristotle taken from among many others, but all are not equally complimentary. Diogenes Laertius describes him as the "small-framed lisping pupil of Plato, with conspicuous dress and rings on fingers." Lewes, who perhaps is his most severe critic, says: "The physics of Aristotle are unsatisfactory, and it is just the same with his anatomy and physiology"; and again, "He has given us no anatomical description of the least value." We cannot reconcile such divergent opinions, and no doubt the truth lies somewhere between the two extremes. In reading any writer, whether ancient or modern, we are bound to try and see what the writer really meant, and not attempt to make him say what we think he ought to have said. We should give these men credit only for what they did, and not for what they could not possibly have done; and while we do not blind ourselves to their inaccuracies and deficiencies, we should take into account their opportunities, and if we see how their better judgment has sometimes been warped by national or individual prejudices, we should remember that in our own day, too, such factors are still at work even among men who are regarded as the lights of science, that scientific researches are still being made in glass houses, and should not forget the teaching of the old proverb.

The greatest fault of Aristotle was his lack of *verification*. This was the stumbling-block which made him a rock of offense in later ages. He established an ὄργανον or *principle of study*, and this very lack of verification led his followers to stand in the way of scientific progress at a time when, if the master himself had been alive, he would have been the first to denounce the opinions of those who claimed to be his most sincere admirers and defenders. No doubt Aristotle collated a good deal and accepted statements without due inquiry. Above all, as we have said, he could not free himself from his bent towards philosophy. How could an empiricist employ such an argument as the following: "The circle is a perfect figure, therefore the stars must move in circles"?

A few words as to his anatomy. The discussion of the various passages which are adduced to prove or disprove that Aristotle dissected, we cannot take up here. If he obtained

his knowledge from battle-fields and from the sacrifices, we can understand his inaccuracies, but if he really dissected, we must almost put him down as an ignoramus. Aristotle could not furnish us with a description of isolated organs, and though we might have expected from him the dissections of Galen, we could not look for those of a Lyonnet who got out the 4041 muscles of a caterpillar.

He makes the human uterus double, either because he had seen that it was double in certain animals, or (and what is much more probable) he argued by analogy from the existence of two testicles.

He puts the heart higher than the lungs and gives it three chambers. He allows a man only eight ribs. What he says of the brain and skull shows that he had probably never opened a human skull. The brain he believed to be bloodless. Aristotle did not discover what we now know as the nerves. His νεῦρον was probably a tendon or ligament, and some of the nerves, viz. the olfactory, optic and auditory nerves, if seen by him, were put down as ducts to convey nutriment to the different organs. "Not having mastered the facts of anatomy and the complex phenomena of physiology, he interprets from superficial observation and from *a priori* theories." Thus he says that food passes into the stomach and is there cooked by animal heat, and again, that food becoming liquid passes to the heart where it ceases to be ichor and becomes blood. The heart he holds to be the first organ to live and the last to die. In one place he makes the windpipe go to the heart, while in another he makes it bifurcate at the lungs. Motion, he thinks, comes from the soul (πνεῦμα) which dwells in the heart. Hippocrates had already assigned sensation to the brain, but Aristotle places it in the heart simply because he thought that this organ was in the center of the body. He held that all sensations passed through πόροι or ducts to the heart. Again we see his bias for speculative philosophy when he says that the brain is the moderator of the heart, and that no blood is sent to it, quietly assuming this to be a fact from a preconceived idea.

Since the bases of biology must always be anatomy and physiology, and having some idea of Aristotle's want of knowledge of these two branches, we ought not to be disappointed if we find his biology defective. Still, in his book on Generation and Development, which is a sequel to his work on Anatomy, and by far the most important of his contributions to medical literature, he shows his superiority over many later writers who had the advantages of more modern discoveries. He seems to have been acquainted with most of the various processes by which new beings are produced, whether from one or two parents. He seems to have known of gemmation, of conjugation and fertilization, though he never mentions spontaneous fission. "In all animals which have distinct sexes the offspring issues from a union of the male and the female. There is a distinction of sexes in sanguineous animals (certain forms being excepted); of non-sanguineous animals some have their sexes and reproduce their kind; others do not do so, but are themselves reproduced from excrement." This shows that he believed in spontaneous generation, and reminds us of the method recommended by Virgil for obtaining a swarm of bees. He makes the uterus in the female analogous to the testes in the male, and probably, as we said, it is on this account that he held it was double.

He is, however, not so fanciful as Plato in his description of the vagaries of the non-pregnant uterus, but substantially agrees with him as to the method of production of the *globus hystericus*. The purpose of the testes, he thought, was to retard the movements of the sperm and thus restrict propagation, and in this way accounts for the fruitfulness of certain of the lower animals, who have "merely canals and no testes."

In opposition to the *spermatists*, or those who held that the embryo was produced by the man alone, and the *ovists*, who held that it came from the female, Aristotle holds with Empedocles that children come from both parents. His argument, however, that children resemble both parents, even if true, is not convincing, and we cannot feel certain that if Aristotle had been living when the spermatozoon was first recognized in which the observers thought they saw the lineaments of a miniature man, he might not have wavered; or that when the Graafian follicles were discovered he might not have changed yet again and become an ovist. We said that Aristotle did not recognize the ovary, and we must believe from what he has written elsewhere that he meant the uterus when he says: "The female has an organ which may be termed the ovary, because it contains first an undifferentiated egg, which becomes by differentiation many eggs." Elsewhere he shows that he did not know that the female mammals produced germs. He thought the catamenial flow in the female was analogous to the spermatic fluid in the male. He thought that the male gave form, and the female supplied the plastic material. It was only much later that it was discovered that the male and the female both furnish their share of form and material. He defines sperm as being in its nature and origin a principle out of which arises "all things which are materially formed," and goes into a very long dissertation which, as I fear, leaves us as wise as we were before. He adds: "Sperm is a secretion; all secretions are available or unavailable nutritive elements. Sperm is not useless. It is available for nutrition. Instead of saying that sperm comes from all parts of the body, we should say that it goes to them. It is not the nutrient fluid, but that which is left over, *i. e.*, secreted. Nutrient fluids are all over the body, but each secretion has its own peculiar organ. Large animals have fewer young than smaller ones, because the nutrition makes greater demands on them, and less sperm therefore is secreted. Therefore sperm is absent in the child, because the demands on nutrition are great; in old age it is scanty, because the food cannot be cooked from lack of the natural heat of the body. Woman is a female by weakness, since the coldness of her nature does not allow the food to be cooked into sperm." It is strange that he could have been guilty of saying that insects always brought forth worms. "Perfect beings produce living young, cold-blooded animals lay eggs." We are somewhat surprised, then, to learn that he does not hold with those who made the sperm come from the whole body, as he has not told us from which special organ it was secreted. This theory had been supported by the following arguments: (1) The voluptuous sensation extends all over the body. (2) Maimed children come from maimed parents. (3) Children resemble

their parents. (4) Each part must have its first principle. Passing over the first, Aristotle answers to the second that healthy children often come from maimed parents. To the third, that while many children resemble their parents, in some the resemblance extends to such things as the voice; and again, that many children resemble ancestors, from whom they can have gotten nothing. Finally, perhaps, in answer to the first argument he adds, "the female has no sperm," and says that this is a convincing proof that sperm does not come from the whole body.

He is an ardent supporter of the doctrine of epigenesis, which maintains that "the actual arises from the potential," as opposed to those who hold the theory of evolution, which conceives of the whole animal as existing in miniature and being gradually unfolded.

His ideas, although imperfect, express in a general way correctly the mode in which the fœtus receives nourishment from the mother. He is right in saying that the upper half of the body is developed first, and is nearly correct when he describes the blood as being filtered upon the tissues. As he supposed that the hard shell of an egg was due to the effects of heat, and the soft shell to the effects of cold, so he attributed changes in further development to heat and cold, and thinks that by being dried up by internal heat the tissues become muscles and tendons. Again, deformity, he says, is often caused by an excess of heat. He compares the development of the body to the growth of a picture under the artist's hands, the rough sketch being gradually filled in with the finer details.

The third book is more like a note-book than a piece of set writing. The discussion as to the soul is necessarily unsatisfactory, but he says definitely that there is a sensitive soul and a vital principle (this being perhaps the best translation of the word πνεῦμα, the meaning of which must, however, be always obscure). He then takes up the question as to the influences which determine the sex of the infant. Empedocles held that sex depended upon the warmth or coldness of the womb; Anaxagoras, that the sperm from the right testicle procreated a male, and that from the left a female child. Democritus thought that everything depended upon the preponderance of the male over the female. Aristotle argues that twins of different sexes are found in the same uterus, thus refuting Democritus, and that men with one testicle have been the fathers of both male and female children.

He criticizes severely the habit of "prophesying from opinion what will be the fact, and anticipating in lieu of observing what the fact is." Unfortunately he then proceeds to set forth opinions which we can only hope are not original; among them that "males are conceived during the prevalence of a north wind, because it is more drying and the secretion is less and therefore the sperm can be better cooked." He is not alone in supposing that hard or soft drinking water had an influence upon sterility.

We are to-night discussing Aristotle as a teacher in medicine and not as a philosopher. Where philosophy could be brought to bear on a subject there Aristotle excels, and we have pointed out how at other times he became entangled by his philosophical bias.

Though he failed to fully carry out his precepts of putting everything to the test of experience, though he accepted too hastily the statements of others, and finally, although if we judge him by his anatomy and physiology we may be tempted to think that the loss of his work on medicine has not been an irreparable one for our science, we cannot but assume, at the risk of incurring the imputation of being *laudatores temporis acti*, that we could better have spared some of the works of those who wrote in a time in which they enjoyed better opportunities and a far greater amount of light.

JEAN-MARTIN CHARCOT.[1]

Now and again there is given to medicine a man whose life and work make an enduring impression, and who, escaping the thralls of nationalism, becomes a cosmopolitan teacher and leader. The latter half of this century has had only three or four such men: Lister in Great Britain, Virchow and Koch in Germany, Pasteur in France—men who have revolutionized medicine by brilliant discoveries and by the introduction of new methods, and who have moulded anew our works and ways, and have widened the horizon of our thoughts. In this select circle, by virtue of extraordinary labors, the suffrages of our Guild, the world over, had placed Jean-Martin Charcot, whose sudden death on August the 16th has been so universally deplored.

The facts of his life are briefly these: Born in 1825, the son of a carriage-builder, he received the Paris doctorate in 1853. A year of his *internat* was passed at the Salpêtrière, where he gleaned the material for his graduation thesis on asthenic gout and chronic rheumatism, and doubtless became impressed with its resources as a field for clinical research. In 1853 he was made *chef de clinique*, and in 1856 a hospital physician. In 1860 he was made *professeur agrégé*, and in 1862 physician to the Salpêtrière. In 1872 he was elected Professor of Pathological Anatomy, and in 1882 a special clinical chair of Diseases of the Nervous System was created for him by the Paris faculty. By far the most important event in this list was his election in 1862 as physician to the Salpêtrière, a large asylum for women with chronic maladies of the nervous system; to which, after 1870, were also sent the non-insane epileptics and hysterical patients. Here, in a rich, unexplored mine, he found the work of his life.

Broadly drawn lines divide his labors into three groups: 1, studies in the general pathology and symptomatology of diseases of the abdominal and thoracic organs, particularly in old age; 2, researches on diseases of the brain and spinal cord; and 3, studies on hysteria and hypnotism. So much had the latter subjects absorbed his energies during the past decade, that those not familiar with his life regarded Charcot as a specialist in nervous diseases; but his works on chronic pneumonia, on rheumatism and gout, on endocarditis, on tuberculosis,—in which he remained a consistent unicist—on diseases of the liver and diseases of the kidneys, all characterized by close observation and clear reasoning, remain most important contributions, and are among the most valuable volumes in his collected publications.

In diseases of the spinal cord and brain the following may be mentioned as among the most original of his researches: Localization of the lesions in the spinal cord in the progressive muscular

[1] Memorial notice by Professor Osler.

atrophy of the amyotrophic type, in bulbar paralysis, and in poliomyelitis anterior; the differentiation of the essential lesions of locomotor ataxia, and a description of the joint affections of the same, known usually as Charcot's disease. While he did not discover the affection known as multiple sclerosis, he separated it clearly from paralysis agitans and gave the most accurate clinical picture which has yet been drawn. No writer has more graphically described the trophic troubles following spinal and cerebral disorders, particularly the acute bedsore.

In diseases of the brain the most notable contributions were the long series of articles, in conjunction with Pitres, on cerebral localization, the studies on aphasia, and as early as 1866 the notable discovery (with Bouchard) of the miliary aneurisms and of their importance in cerebral hæmorrhage. But the studies which have made him famous and with which his name will ever be associated have been in hysteria—that protean and mysterious malady of mind and body. The phases of the major attack, the innumerable psychic and somatic manifestations, the phenomena of transference on the application of metals, the sensory changes in hemianæsthesia and hemianalgesia, the motor phenomena of contracture and spasm, the visual features, the relation of hysteria to traumatism, its frequency in the male—these and a score of related problems have been made the subject of masterly description and demonstration.

Of his studies in hypnotism, continued for a series of years after 1878, the outcome may be put thus briefly: that the condition induced is a neurosis closely allied to hysteria; but the battle between the schools of Nancy and of the Salpêtrière has not yet ended, and students of hypnotism are by no means unanimous as to the part played by suggestion. Of late years Charcot seemed less and less hopeful as to its value as a therapeutic measure. From the days of Elliotson, hypnotism has been found a dangerous subject of study, and many a strong man in following it has chased a more wandering fire than that which led Sir Galahad astray; but Charcot always dealt with it as a scientific problem, and had too clear a head to be grossly deceived, as Luys has been by his subjects at the *Charité*.

A feature which helped not a little in Charcot's success was a personality attractive to young men; and at such a place as the Salpêtrière, the combination of a highly suggestive and original mind with a kindly heart soon drew scores of willing workers, who built up a school of neurology such as had not been seen before in the profession. No teacher in Europe has had more numerous or more devoted pupils, who have contributed enormously to the revival, since the Franco-Prussian war, of the Paris Faculty.

In 1866 he began, independently of any official encouragement, the lectures at the Salpêtrière, which, as the years went on, became the resort of students from all parts of the world. At first given in one of the smaller wards, the hearers gradually increased, so that a larger and more convenient lecture-room was provided. Charcot's method of teaching was in striking contrast to that of his colleagues at other French hospitals. Thus, at the *Pitié*, the *Charité* and *Hôtel Dieu*, after a short ward visit, the professor, with his *internes*, adjourned to the lecture-room, where a discourse was held, usually, but not always, on topics illustrated by patients in the wards. The empty benches were the best comment on the method, and even such attractive teachers as Jaccoud and Potain failed to draw either students or practitioners. Such a contrast at the Salpêtrière! Half an hour before the lecture the front rows were filled with enthusiastic students, and by the time the lecture began there was standing-room only. Without any attempt at display or effect, interesting cases were brought in, the symptoms analyzed, the diagnosis made, the anatomical condition discussed, usually with the aid of blackboard and chalks, followed in conclusion by a few general comments. It was a *clinical* lecture in the true sense of the term. Without volubility, Charcot possessed in a marked degree that charming lucidity in the presentation of a subject so characteristic of his countrymen.

A finely tempered individualism, prone though it be to excesses, is one of the glories of the French character. The *man* in France stands for more than in any other land; his worth and work are there more truly recognized, and there his relative position in the history of art, literature or science is more justly gauged. Alone among the nations of the world, France honors duly the mighty dead of our profession. Not in the Pantheon only, but in statues, in the names of streets, and in the names of hospitals one is constantly reminded in Paris that such men as Bichat, Laennec, Pinel, Trousseau, Broca, Bernard and others have honorably served their day and generation. The memory of Charcot is secure in such a land, and with us, too, it will rest safely, cherished beside that of Laennec and Trousseau.

NOTES ON NEW BOOKS.

Lectures on Mental Diseases. Designed expressly for Medical Students and General Practitioners. By Henry Putnam Stearns, A. M., M. D., *Physician Superintendent of the Hartford Retreat, Lecturer on Mental Diseases in Yale University, etc. Philadelphia: P. Blakiston, Son & Co.*, 1893.

This work is eminently fitted for the purpose designed by its author, to instruct medical students and general practitioners in the clinical features of insanity in its various manifestations.

The book is presented in the form of lectures, and the author has throughout succeeded in retaining a style which must have fixed the attention of his hearers, as it certainly will that of his readers.

He opens with a lecture upon the physical basis of thought, and in one lecture gives an epitome of cerebral anatomy sufficiently extensive for the purpose of the work.

Following this the lectures discuss hallucinations, illusions, imperative concepts, insistent ideas and delusions. These subjects are well treated, and their relations to disordered mental processes are distinctly brought out by frequent reference to illustrative cases.

The various better-known classifications of insanity are next discussed, and in conclusion one is suggested by the author. This proposed classification possesses many excellent features, but, like all classifications, has points upon which there may be differences of opinion. Some, for instance, of Dr. Stearns' readers will be inclined to take puerperal insanity from the class "sympathetic" and put it among the "toxic" cases, while others would make it a subdivision of the "post-febrile," or put the post-febrile in the "toxic" class.

Such criticism, however, would only accentuate what might be said upon the difficulties of classification.

Nearly all the divisions of Dr. Stearns' ætiological group may enter into consideration in determining the causation of a case of puerperal mania, or the case may in its clinical manifestations, after the puerperal period, resemble melancholia mania or dementia. All of these difficulties the author fully recognizes, and his conclusion is that "all our classifications of insanity must be regarded as merely tentative."

It would be of much interest to quote from the author's clinical pictures of various phases of mental disturbance, but the space at our disposal forbids.

The treatment advised throughout these lectures is such as will meet with the general approval of alienists, and the suggestions that are made are such as can, in cases suitable for home care, be readily carried out. In this respect the work is superior to many of the "manuals" upon insanity. The author has stamped upon his work the evidences of accurate observation and an ability to generalize upon his observations to the profit of his readers.

E. N. B.

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